## **Understanding Me**



This booklet belongs to:



#### A note from the Hospice staff

This booklet is to help us support you if you feel too frail or weak to tell us about yourself or if you have some difficulty in communicating how you feel.

It allows you and those who know you well, to provide us with information that will help us care for you in the best possible way.

This booklet belongs to you. The following pages will offer advice on the kind of information that will help us to care for you as an individual. It is for you to choose the amount and type of information you give us.

It does not have to be completed in one go but can be added to over time. You may want to fill it in yourself or with help from others. Please ask if you would like help from Hospice staff.

| My name is:                |  |
|----------------------------|--|
|                            |  |
| I like to be known as:     |  |
|                            |  |
| My preferred pronouns are: |  |

## At a glance

| What are the key things you would like healthcare staff to know about you when they are caring for you? |  |
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## **My Life Story**

| Example - important events; family; work; hobbies and interests. Knowing about your past can help us understand and respect you as a person. Photographs from your past can add to this. |  |
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#### My normal routines and habits

| Example - morning and bedtime routines; specific times or days when you do certain things. Although illness may stop you from continuing with some of these, knowing about them will help us to get a sense of how you may be feeling at particular times. |
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### My likes and dislikes

| Example - food and drink, clothes, TV, music, hairstyle, soaps and perfumes, colours. |  |
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# People, pets, places and things that are important to me

| Example - who might you want to speak to if you are upset; are there things you wish to keep with you at all times. |
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## Things that cause me to become anxious and distressed

| Example - family concerns; physical symptoms of pain, feeling sick, difficulty in using the toilet; environmental issues such as too much noise, being left alone, too many people around, bright lights, door open/closed. |  |
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## How might you know when I am anxious or distressed?

| Example - being quiet, angry, pacing about, rocking, facial expressions, body posture. |
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# Things that help me feel better and help me relax

#### Other things to know about me

| Example - your personality; values; religious beliefs and practices; physical support needs; communication support needs; how you take your medication; the 'little things' that help you feel comfortable. |  |
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#### I am happy for the information in this booklet to be shared with members of the multidisciplinary healthcare team who will be involved in my care.

| Patient's Name:          |   |
|--------------------------|---|
|                          |   |
|                          |   |
| (Signature:              | · |
|                          |   |
| Or Patient Advocate      |   |
| Name:                    |   |
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| Cidnoturo                |   |
| Signature:               |   |
|                          |   |
| Relationship to patient: |   |
| Molacionship to patient. |   |
|                          |   |
| Date:                    |   |
| Date.                    |   |
|                          |   |



Always caring

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